



NICK MACCHIONE, FACHE
DIRECTOR

WILMA J. WOOTEN, M.D., M.P.H.
PUBLIC HEALTH OFFICER

County of San Diego

HEALTH AND HUMAN SERVICES AGENCY

PUBLIC HEALTH SERVICES
HEALTH SERVICES COMPLEX
3851 ROSECRANS, SAN DIEGO, CALIFORNIA 92110
(619) 531-5800 FAX (619) 542-4186

Epidemiology & Immunization Services
Emergency & Disaster Medical Services
HIV, STD and Hepatitis
Maternal, Child and Family Health Services
Public Health Laboratory
PH Nursing
Border Health
TB Control & Refugee Health
Vital Records

Emergency Medical Care Committee
Linda Rosenberg, R.N., Chair
c/o Emergency Medical Services
6255 Mission Gorge Road
San Diego, CA 92120
(619) 285-6429 Fax: (619) 285-6531

MISSION STATEMENT

“As advisors to the San Diego County Board of Supervisors, the Mission of the Emergency Medical Care Committee is to be an advocate for the community through the development of strategies for continuous improvement of the emergency medical services system.”

EMERGENCY MEDICAL CARE COMMITTEE (EMCC) MEETING

Minutes

Thursday, April 26, 2012

Members Present

Adler, Fred – District Three
Bull, R.N., Pat – American Red Cross
Carlson, R.N., Sharon – Hospital Association of
San Diego/Imperial Counties
Fisher, Chief Gary – S.D. Co. Fire Dist. Association
Green, R.N., Katy – District One
Meadows-Pitt, R.N., Mary – District Two
Ochs, Ginger – Co. Paramedics Agency Comm. (Alt)
Rosenberg, R.N., Linda – Emergency Nurses Association
Rosenberger, R.N., Wendy – BHNC
Rudnick, R.N., Sharon - Emergency Nurses Association

Vacant Positions

Binational EMCC
District Five
League of California Cities
Military Agencies
San Diego County Medical Society
San Diego Emergency Physicians' Society

In attendance

Abbott, Stephen – North County Fire District
Francis, Allen – CA Dept. of Corrections
Forman, R.N., Kelly – Mercy Air Services
Johnson, Wayne – S.D. Co. Ambulance Assoc.
Leigh, Chief Bob – S.D. Co. Fire Chiefs Assoc.
Rice, Mike – S.D. Co. Ambulance Association

County Staff

Buttron, Patrick
Haynes, M.D., Bruce – EMS Medical Director
McDonald, M.D., Eric – HHSA/PHS
Metz, R.N., Marcy – EMS Chief
Pate, R.N., Rebecca

Recorder

Wolchko, Janet I.

I. CALL TO ORDER/INTRODUCTIONS/ANNOUNCEMENTS

Linda Rosenberg, Chair called the meeting to order at 9:02 am.

II. PUBLIC COMMENTS/PETITIONS

There were no public speakers or petitions.

III. APPROVAL OF MINUTES

A motion was made by Ginger Ochs, seconded by Mary Meadows-Pitt to approve the minutes from February 23, 2012 as submitted. Motion carried.

IV. "LIVE WELL, SAN DIEGO!"

Dr. McDonald introduced himself as Deputy Public Health Officer for the County and gave a presentation on the County's "*Live Well, San Diego!*" initiative.

Background

The first component of "*Live Well, San Diego!*" is "Building Better Health" which was adopted by the Board of Supervisors in July 2010. The second component of "*Live Well, San Diego!*" is "Living Safely".

The County's vision is to have a safe, healthy and thriving community. Each of those key words has a 10 year strategy agenda plan to make the County safer, healthier and thriving for all residents. The County's goal is to have a community where all individuals and families are connected, protected and prepared.

- A. "Building Better Health" was adopted by the Board of Supervisors in 2010 based on building a better healthcare delivery system, encouraging healthy choices and pursuing policy and environmental change. The one year annual report for "Building Better Health" can be found on the County website.
- B. "Living Safely" started a year ago in HHSA and became a countywide program that the Public Safety group will take the lead on. The focus of "Living Safely" will be on prevention, protection, preparedness and response. Presentations are being given to the HHSA workforce to solicit ideas on what we can do as an agency to increase safety in the community. They are also asking the Advisory Board Committees for input and ideas for the safety agenda. Community stakeholders can complete a survey online to give ideas and input.
- C. What is our role?
 - 1. Prevention. Conferences, media and outreach to the community.

Comments:

The San Diego Food Bank feeds 350 thousand San Diegans a month. Supplemental meals are given to seniors, which may be associated with the fact that 44 percent of seniors in the County live alone.

Schools have reported that some children come to school hungry because they have had little to eat on the weekend. Backpacks filled with food are donated and given to children on Friday for the weekend.

2. Reducing Accidents. Partnering with organizations within the County to help reduce the number of deaths from accidents.

Comments:

Elderly drivers and transportation for the elderly was mentioned. Give information regarding safety issues to caregivers of seniors and those who transport the elderly to their appointments.

3. EMS involvement and opportunities for connections for prevention. Using resources that are already there and making connections with services and systems already in place.

Comments:

North County Community Health Services has a referral program modeled after Kent, Washington and Tuscon, Arizona. There are a number of umbrella agencies that provide senior care, access to food and help with fall prevention. With permission, an individual's information can be given for referral to one of the umbrella agencies who can help provide assistance.

Additional suggestions were to have referrals at hospital emergency departments, fire services and rental services such as apartment complexes. Rental agencies and/or real estate agencies could offer to give out disaster preparedness packets to their clients. Information could also be given out at schools.

4. Protection. Screening for domestic violence, child welfare and child protection services. Identify vulnerable individuals that may need protection.

Comments:

Access and the process in reporting an event or issue can be cumbersome. Make sure information gets to the correct agency and jurisdiction. Private medical offices could present a list of resources.

5. Preparedness and response. Increase resilience and community connections.

Comments:

The Access and Functional Needs workgroup works with the County, American Red Cross (ARC) and agencies to give support to the disabled population and foster agencies. At one of the workgroups it was asked about a plan to map and identify where dependent clients are so that the ARC and disaster operation groups can identify where group populations of people with disabilities are located.

During the previous blackout both Aging and Independence Services and SDG&E had a list of individuals who are dependent on power for medical equipment. Providers of medical equipment such as oxygen agencies should also be involved, identified and on a contact list.

It was suggested that “Neighborhood Watch” programs could provide a neighborhood plan during their meetings. Information could also be available at local pharmacies.

Vital records that complete and provide birth and death certificates are providing support and resources in the office.

The next step is to gather ideas, develop plans and coordinate with the Public Safety Group who has the lead on the Living Safely component of the “*Live Well, San Diego!*” initiative. The timeline is to have County Advisory Boards and employees input and comments by the end of April. They are hoping to have a plan to the Board of Supervisors by the end of the calendar year.

V. STANDING COMMITTEE REPORTS

A. Prehospital/Hospital Subcommittee

No report.

B. Education and Research Subcommittee

No report.

C. Disaster Operations Subcommittee **Sharon Carlson reported:**

1. Golden Guardian 2012 is scheduled for May 15-17, 2012. The scenario of the exercise is a catastrophic earthquake along the San Andreas Fault.
 - Day 1 – EOC will be at Level III activation. San Diego County will be a resource provider and hospital PIO’s will participate.
 - Day 2 – Full functional exercise with the hospital, agencies, clinics and jurisdictions in play.
 - Day 3 – Tabletop COOP exercise with County OES. Focus on recovery.
2. Statewide exercise is in November.

VI. AMBULANCE ORDINANCE

Copies of the Ambulance Ordinance have been distributed. The ordinance is brought forward to EMCC for review and approval, and will then be forwarded to the Board of Supervisors.

In the Ambulance Ordinance draft it was noted on Page 16, Section 305e that there was a misplaced addition under the denial of an application. That information was appropriate for an application to get a permit and was misplaced in the denial section.

Motion made by Ginger Ochs, seconded by Linda Rosenberg to approve the Ambulance Ordinance.

Discussion:

The Ambulance Ordinance draft was sent out to CPAC and no comments were received.

Discussion ensued on if the Ambulance Ordinance addresses the levels of ambulance services permitted, Advance Life Support (ALS) services versus Basic Life Services (BLS) and Critical Care Transport (CCT) services. Medicare reimburses for all three of these levels. Often BLS providers also provide CCT services but are not ALS providers. Occasionally Medicare decreases the reimbursement of CCT services a BLS provider has billed for, at the ALS reimbursement level, when the BLS provider is not a permitted ALS agency. Discussion commenced on whether the CMS definitions of ALS, BLS and CCT matched up with those in the Ambulance Ordinance.

Marcy Metz responded that definitions of levels of service in the Ambulance Ordinance are taken from the State definitions. (BLS agencies can provide CCT's; County policies and procedures describe the staffing and necessary equipment requirements.) The definition of ALS services in the County is providing paramedic level of service. Dr. Haynes noted that on CCT's, ALS level of services are being provided by the nurses.

Action Item: Discussion on the Ambulance Ordinance will be continued at the next EMCC meeting.

VII. EMS MEDICAL DIRECTOR REPORT (Bruce Haynes, M.D.)

Drug shortages

Midazolam and morphine supplies are available but not necessarily with the carpulets. There may be continued shortages with specific manufacturing lines.

Protocol changes

This is the off year for protocol changes. They are reviewing the behavioral protocol with Midazolam. There were a couple of changes to the LVAD policy, the DNR/POLST, and the restraint policy which added information on the spitting patient.

State Regulations

The state will issue EMS for Children (EMS-C) proposed regulations.

Paramedic regulations were out for comment recently. Paramedic Inter-facility Transfer (IFT) regulations may come out for comment again.

The Border Patrol Borstar team will soon be the first accredited provider for the Advanced EMT (AEMT) which is one of the four US Department of Transportation provider levels in EMS.

New

Khat is a stimulant drug that comes from East Africa and Saudi Arabia. It causes similar effects as methamphetamines. Law Enforcement sent out a notification regarding the increase use of Khat in the community.

Also mentioned were reports that kids were extracting alcohol from hand gel sanitizer and drinking it.

Stroke

The Joint Commission certifies primary stroke centers. There is one level of primary stroke centers in connection with administration of intravenous tPA. As the Joint Commission looks at comprehensive stroke centers and the categories that hospitals can apply for, the emphasis is on endovascular or invasive procedures.

VIII. EMS STAFF REPORT (Marcy Metz, Chief EMS)

- A. Trauma centers are undergoing verification visits by the American College of Surgeons (ACS). Four site visits have been completed; Scripps Mercy and Palomar Health will be visited next week.
- B. May 1st is “*Strike Out Stroke*” night at the San Diego Padre’s baseball game. The Stroke Consortium planning committee reported that there were approximately 800 ticket/t-shirt bundles sold. The stroke hospitals will set up blood pressure check booths pregame, and there will be FAST magnets handed out to raise awareness of the signs and symptoms of stroke. The FAST acronym is a way to recognize a stroke by noticing symptoms through the **F**ace, **A**rm and leg, **S**peech and **T**ime, getting help in a timely fashion. At the next Board of Supervisors meeting they will be issuing a proclamation for San Diego County “*Strike Out Stroke Day*”.
- C. On June 7th from 10 am to 2 pm is “*Sidewalk CPR Day*”. Participating agencies and hospitals can register to demonstrate adult hands only compression CPR in their local areas. Certificates will not be issued. EMS will have stations set up at the County Administrative Center and the County Operations Center. The goal is to train “2012 in 2012”.
- D. EMS is working with the Beacon collaborative in developing the EMS Hub. They have been meeting with Beacon twice a month on the bi-connection between Beacon and the QCS system. Beacon is contracting directly with DI.

E. iQCS expected deployment is scheduled for the end of July. Testing is ongoing and there will be training scheduled for the base hospitals, satellites and agencies that use the QCS system. Ms. Metz thanked all the people who were involve with testing the system.

F. EMS Commission meets in Sacramento in June.

IX. NEXT MEETING/ADJOURNMENT

The next EMCC meeting is scheduled for May 24, 2012.

The meeting adjourned at 10:10 a.m.

Submitted by

Janet I. Wolchko, Administrative Secretary III
County of San Diego, Emergency Medical Services